

**CLAIMS ONLY**

Application Number

09/996657

Filing Date

Applicant(s)

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*      *      *
	Indep	Depend	Indep	Depend	Indep	Depend	
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49							
50							
Total Indep	1						
Total Depend	7						
Total Claims	8						